

Written testimony submitted by M.C. Culbertson, III, M.D.. 85 Tyler Court, Avon, CT 06001

I strongly oppose physician assisted suicide and HB 6645 for a number of reasons:

1. Hippocratic Oath. Physician assisted suicide directly contradicts a foundational concept of Western Civilization and Western Medicine. The Hippocratic Oath states "I will give no deadly medicine to any one if asked, nor suggest any such counsel; and similarly I will not give a woman a pessary to cause an abortion."
2. Patient physician relationship. This is based on an abiding confidence that the medication a physician prescribes is for healing and prolongation of life, not termination of life. If physician assisted suicide is legally practiced, then ultimately a patient will not have the absolute confidence that the medication or intervention prescribed by a physician is for healing or prolongation of life.
3. History of Nazi Germany. When one views any single human life as not worthy to be lived, that concept opens the door to ultimately intentional euthenasia. In Germany, it was the physician psychiatrists in the 1930's who developed and then efficiently introduced mass executions to eradicate the institutionalized psychiatric patient population. HB 6645 legitimizes that there is a patient population, there are lives, not worthy to be lived. And that opens the door ultimately for involuntary intentional euthenasia and genocide. It happened in Germany--it can happen here.
4. Experience of Oregon. In the words of the Oregon Public Health Division concerning physician-assisted suicides in 2012, "As in previous years, the three most frequently mentioned end-of-life concerns were: loss of autonomy (93.5%), decreasing ability to participate in activities that made life enjoyable (92.2%), and loss of dignity (77.9%)." The concern about possible pain in the future was only a motivating factor in 29.9% of the cases in 2012.
5. Healthcare cost containment: The opportunity is created for the option to offer and ultimately mandate physician-assisted suicide as opposed to much more costly medical care for complex medical and end of life conditions.
6. Elder abuse: The opportunity is created for an heir or for another person who might benefit from the patient's death to administer the lethal dose to the patient without their consent.
7. Manipulation by those who might benefit from someone's death: The ill, the elderly, and the disabled could be manipulated by those around them who would benefit from their death. The right of an individual is far overshadowed by the potential negative impact on our society. The right to die may soon become the responsibility to die for the sick, the elderly, and the disabled.
8. American Medical Association 1993 statement against physician-assisted suicide: "Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."

Thank you for considering my thoughts.

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